

Historic Preservation Easement Program Change/Alteration Request Application

This form is intended to be used by Maryland Historical Trust (MHT) Easement Property Owners and/or the Authorized Project Contact to initiate review of projects which require approval of the Director of the MHT as per the Deed of Easement. All Change/Alteration Request Applications must be submitted along with pertinent supplemental information in hard copy with an original signature at least one week prior to the scheduled meeting date. Easement Program staff will evaluate the application for completeness and may require additional information to facilitate review by the Easement Committee and Director. The application review period (as specified by each Deed of Easement) will not commence until Easement Program staff has deemed the application to be complete.

Return the Change/Alteration Request Application, and other information to:
Kate Bolasky, Administrator, Historic Preservation Easement Program
Maryland Historical Trust, 100 Community Place, Crownsville, MD 21032
(410) 514-7632/kate.bolasky@maryland.gov

Easement Property Information:

Name of Easement Property:		John Smith House	
Alternative Name:		N/A	
Address of Property:		123 Smith Ave.	
		Baltimore, MD 21XXX	County: Baltimore City
Maryland Inventory of Historic Places # (if known): (for more information visit http://mht.maryland.gov/research_survey.html)		B-XXXX	
Scope of Easement:	<input checked="" type="checkbox"/> Exterior <input checked="" type="checkbox"/> Interior <input checked="" type="checkbox"/> Archaeology	Is the scope of work located inside the easement boundary?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What does the Easement protect? (Check all that apply)			

* For a copy of the easement document, please contact Kathy Monday (410) 514-7603/ kathy.Monday@maryland.gov

Property Owner Information:

Name of Current Property Owner:		John Smith	
Address of Property Owner: (If different than property address)		Same as property	
		Date of Purchase:	1995
Work/Home Telephone:	(410) - XXX-XXXX	Fax:	n/a
Mobile Telephone:	(443) - XXX-XXXX	Email:	johnsmith@gmail.com

If application is completed by someone other than owner (only complete if applicable):

Name of Authorized Project Contact:			
Relationship to owner:			
Address of Authorized Project Contact:			
Daytime Telephone:		Fax:	
Mobile Telephone:		Email:	

Project Funding Information:

Is this project being funded by any of the following sources? <i>Please check all that apply:</i>	<input type="checkbox"/> MHT Capital Grant (FY ____) <input type="checkbox"/> MHT Loan <input type="checkbox"/> MHAA Capital Grant (FY ____) <input type="checkbox"/> AAHPP Grant (FY ____) <input checked="" type="checkbox"/> Historic Tax Credits (<input checked="" type="checkbox"/> Residential/ <input type="checkbox"/> Commercial) <input type="checkbox"/> Bond Bill (Chapter ____/Year ____) <input type="checkbox"/> Other State/Federal Funding ____ <input checked="" type="checkbox"/> Other Funding <u>Private</u>
--	--

Please check that you have included the following information as part of your complete application:

Required: <input checked="" type="checkbox"/> Change/Alteration Request Application <input checked="" type="checkbox"/> Detailed Work Description <input checked="" type="checkbox"/> Printed Photographs & CD; properly labeled/identified	As Necessary (Recommended): <input checked="" type="checkbox"/> Site Plan/Drawings/Plans (dated <u>4/4/14</u>) <input checked="" type="checkbox"/> Product Information/Specifications <input type="checkbox"/> Other ____
---	--

The Easement Property Owner and/or the Authorized Proposal Contact is encouraged to keep a duplicated copy of all application information sent to the MHT, including photos and plans, as the MHT staff may need to discuss the application with the applicant prior to submission to the Easement Committee.

Signature of Owner or Authorized Representative/Date: _____/_____

Detailed Work Description Form

(Include all construction, reconstruction, improvement, enlargement, painting and decorating, alteration, demolition, maintenance or repair, and excavation)

Work Item # 1

Architectural/Landscape feature: 2nd Floor Bathroom	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature: 1917/Early 2000's	Be sure to include details and specifications on proposed products	
Describe existing feature and its condition: Original second floor bathroom is outdated and in need of renovation. The bathroom was last renovated in the early 2000's. At that time, the south wall between the middle bedroom and the bathroom was moved to accommodate a larger shower. Walls are a mixture of mostly drywall and some lath and plaster in poor condition. The original flooring was removed and replaced with tile on a plywood subfloor. No original fixtures remain. The bathroom does retain its original trim, door, and built-in medicine cabinet.	Photo no. 1-9	Drawing no. 1 & 2
All fixtures will be removed. The radiator will remain. All drywall and deteriorated plaster will be removed to expose framing. The south wall will be demolished and returned to its original location. The modern tile flooring will be removed. A new hex tile floor will be installed. Moisture resistant drywall will be installed on the walls and ceiling. The original door, trim, and medicine cabinet will be stripped and stained to match its original appearance. An embossed wallpaper dado will be installed around the room and will be painted white. Walls will be painted light grey. Period appropriate fixtures will be installed in the same locations as the existing. Please see attached documentation.		

Work Item #

Architectural/Landscape feature:	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature:	<i>Be sure to include details and specifications on proposed products</i>	
Describe existing feature and its condition:	Photo no.	Drawing no.

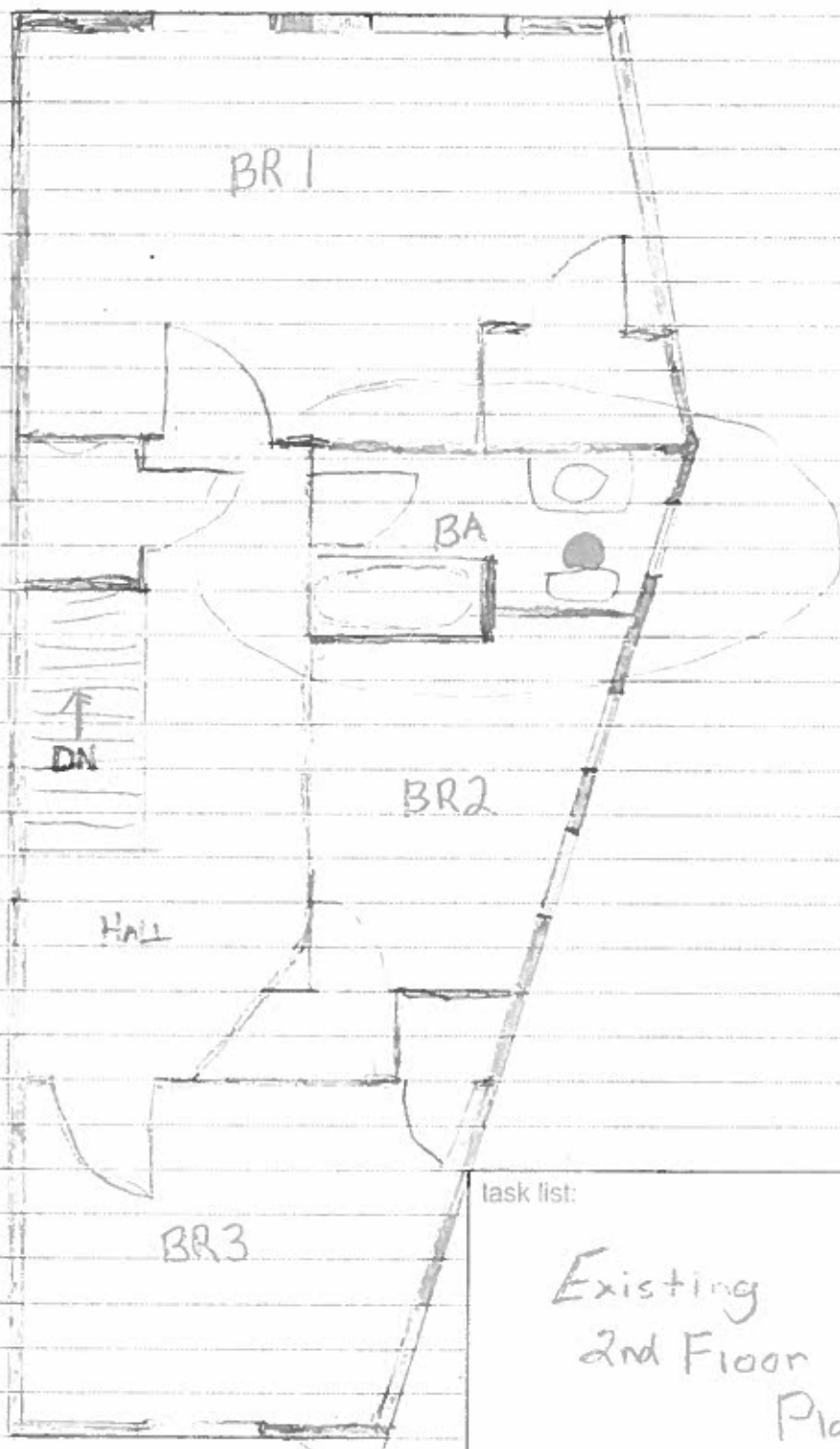
Architectural/Landscape feature:	Describe, in detail, the proposed work and impact on existing feature:	
Approximate date of feature:	<i>Be sure to include details and specifications on proposed products</i>	
Describe existing feature and its condition:	Photo no.	Drawing no.

** Please print this page again to include as many work items as necessary.*

date 4/4/14

project

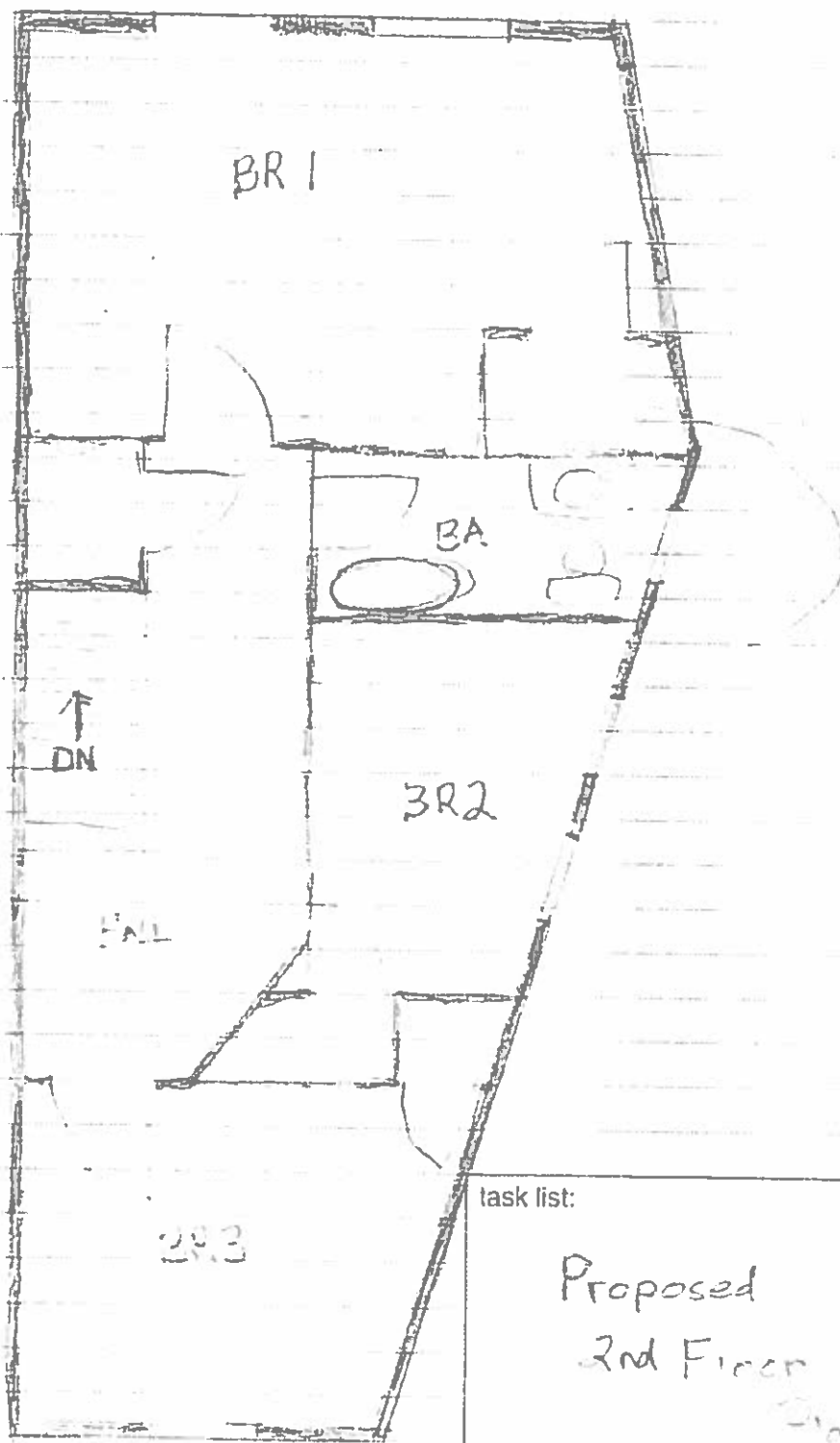
page Work Item #1 Dwg #1



task list:

Existing
2nd Floor
Plan

date	4/4/14
project	
page	Work Item #1 Doc #2



task list:

Proposed
2nd Floor
Plan



Photo 1 – Existing Bathroom



Photo 2 – Altered Wall



Photo 3 – Entrance



Photo 4 – Existing Toilet



Photo 5 - Proposed Sink



Photo 6 - Proposed Tub



Photo 7 – Proposed Toilet

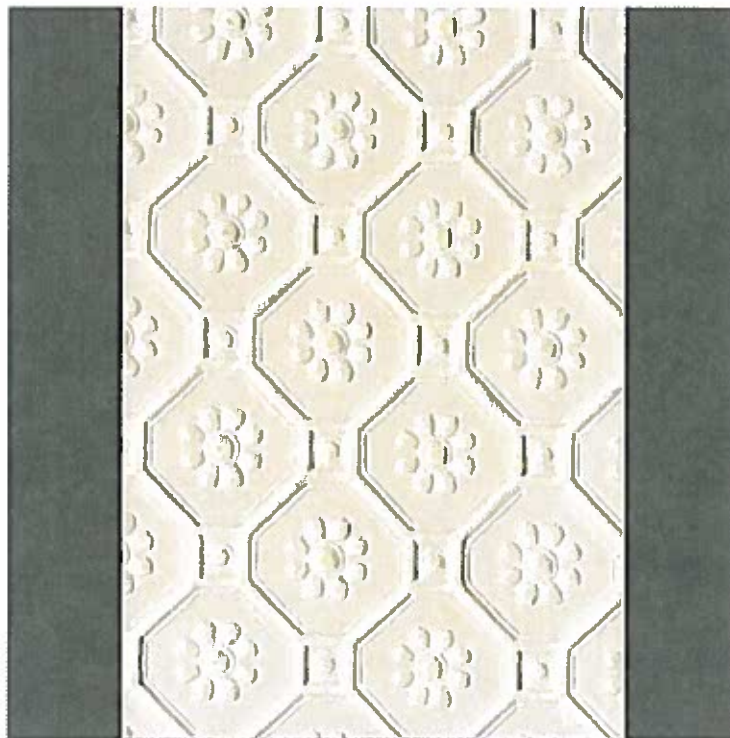


Photo 8 – Proposed Dado Paper

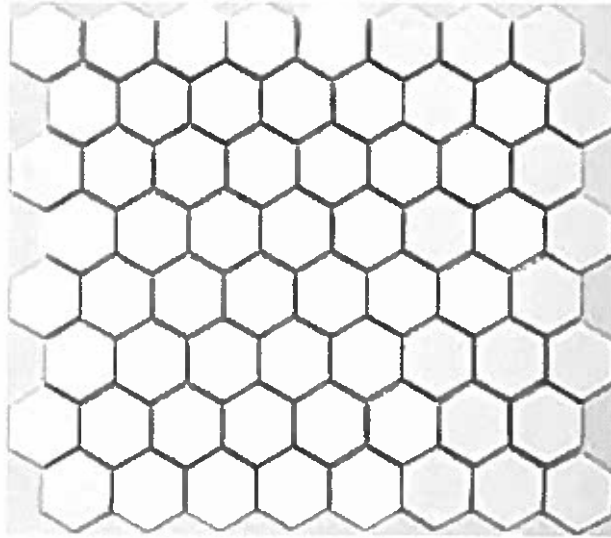


Photo 9 – Proposed Floor Tile